

Greater Prince William Area Make A Change (MAC) Tattoo Removal Application Instructions

The Greater Prince William Area Make A Change (MAC) Tattoo Removal Program is a voluntary collaboration between youth, families and/or caregivers, public human service agencies, and community-based organizations who will actively and creatively work to address the needs of at-risk youth and families in the greater Prince William area. The commitment of the program is to generate funds so that this service can be offered at no cost to the participant or taxpayers.

Visible tattoo removal is a recognition of and incentive for positive internal change over a 6 month period by youths through age 22 currently supervised by Prince William human service agencies or community-based organizations. Each youth must actively demonstrate their willingness to leave gang life behind. Other requirements include:

- Completion of 50 hours of community service prior to tattoo removal;
- Participation in and cooperation with an educational program;
- Employment, or actively seeking employment, or in job training if educational requirement has been satisfied;
- Drug and alcohol free;
- Compliance with Youth Participation Agreement, Rules of Probation, or Program Requirements;
- An adult sponsor while participating in the program; and
- Parental, guardian, caregiver, or judicial approval prior to medical screening for those participants under 18.

Case managers/mentors are required to submit documentation and participate as follows:

1. Complete and submit Application Forms (Part A&B), Youth Participation Agreement, Exchange/Release Form, most recent social history and service plan to the agency representative.
2. Arrange youth attendance, transportation, and foreign language translation
3. Ensure parent, guardian or care giver attendance at initial medical assessment
4. Timely cancellation at least 24 hours in advance is the sole responsibility of the case manager.

Failure to comply with Program Requirements, Youth Participation Agreement, or Rules of Probation could result in suspension from the program. Reinstatement may be achieved by a demonstration of compliance with Program Requirements.

Case Flow Check List

- Case Manager submits completed Application (Parts A&B), Youth Participation Agreement, Exchange/Release Form, to GRIT Coordinator.
- GRIT Coordinator collects and checks all forms for accuracy. The forms are then submitted to the MAC Committee for recommendation.
- MAC Committee reviews all applications and case histories.
- MAC Committee selects and recommends eligible youths for tattoo removal.
- The on duty doctor reviews the cases at the initial appointment to determine the medical clearance appropriateness of the tattoo removal. The Review Team notifies the MAC Committee of appropriate candidates.
- Case Manager arranges transportation, parent or guardian participation, and translation (if necessary).
- If youth is approved for tattoo removal, he or she is scheduled for a subsequent tattoo removal appointment(s). The Laser Treatment Consent Form and Request for Treatment Form are completed at this time.
- The Case Manager completes and submits Follow-up Forms (Exit Data Collections and Participant Survey) to the Agency Representative.

Greater Prince William Area Make A Change (MAC) Tattoo Removal Application – Part A

Name: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> (Last) (First) (M.I.) </div>			Date of Birth: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> Age: _____		Sex: M F	Social Security Number: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> (optional)
Address: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>			Home Phone: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> Other: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>		Residency: Prince William County City of Manassas City of Manassas Park	
Educational Program: _____ Grade or Level: _____ <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>			Employment or Vocational Training Program: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>			
Contact Name: _____ Phone Number: _____			Contact Name: _____ Phone Number: _____			
Parent(s)/Guardian(s) Name		Relationship	Address		Phone #	
Physician Name:		N/A				
To Be Completed by Sponsor:						
Part B of Application Completed? Y N Youth Participation Agreement completed? Y N		50 hours of Community Service? Y N Type & Location of CS: _____ _____		Tattoo Location(s): Face Neck Fingers Hands Forearm Other: _____		Today's Date:
6 months Non-gang association? Y N		Agencies permitted to exchange information: CS DSS JCSU Health Department PWC Schools Other:				
Consent to Exchange Information Signed? Y N				Consent Expiration Date:		
Referral Source: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>		Case Manager Name: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/> Phone #: _____		Case Manager Signature: <hr style="border: none; border-top: 1px solid black; margin: 5px 0;"/>		

MAC Tattoo Removal Application – Part B

This section is to be completed and signed by the applicant.

Please explain why you would like to have your tattoo(s) removed.

First and Last Name of Applicant (please print)

Applicant Signature